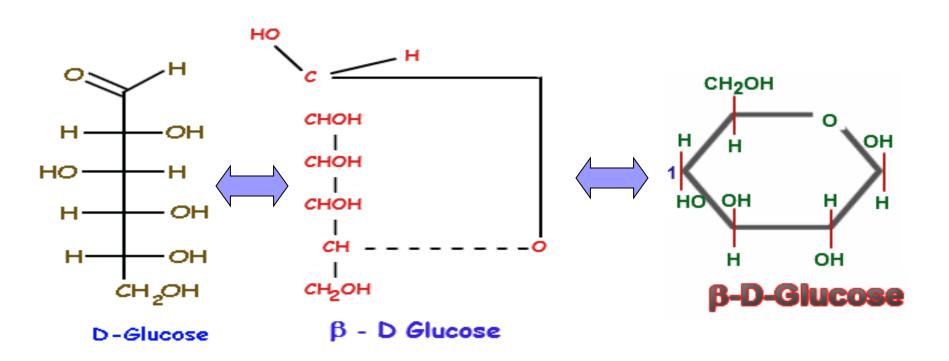


Structure of Glucose



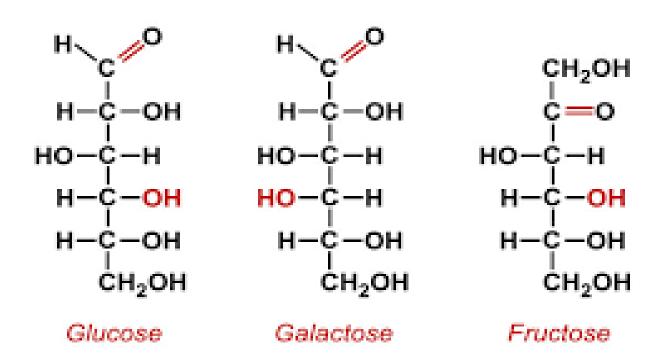
Open chain form

Hemiacetal form

Pyranose ring structure (6 membered ring)

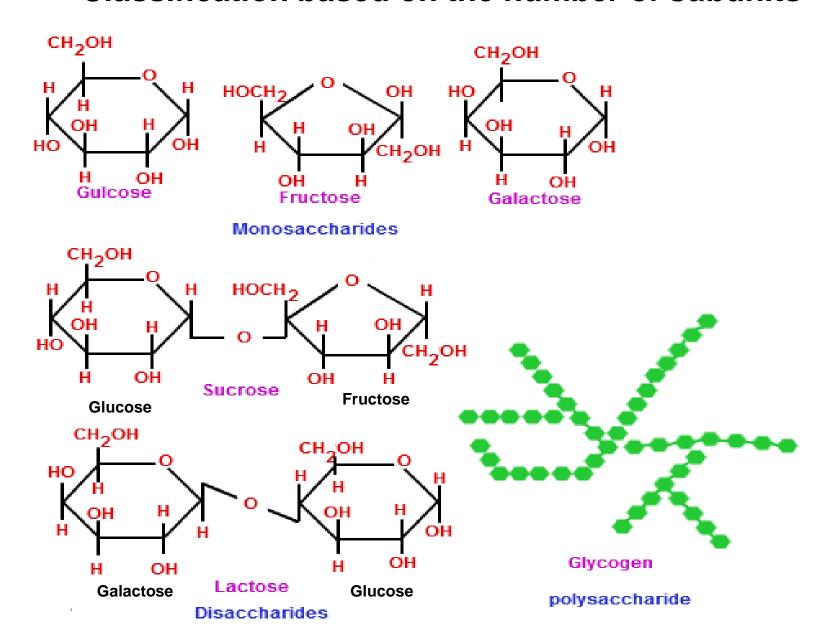
Classification based on the number of subunits

Carbohydrate Isomers

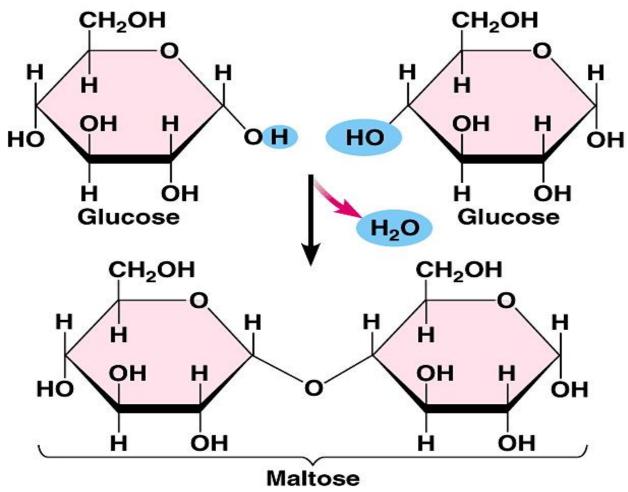


Monosaccharides

Classification based on the number of subunits



Formation of disaccharide by dehydration synthesis



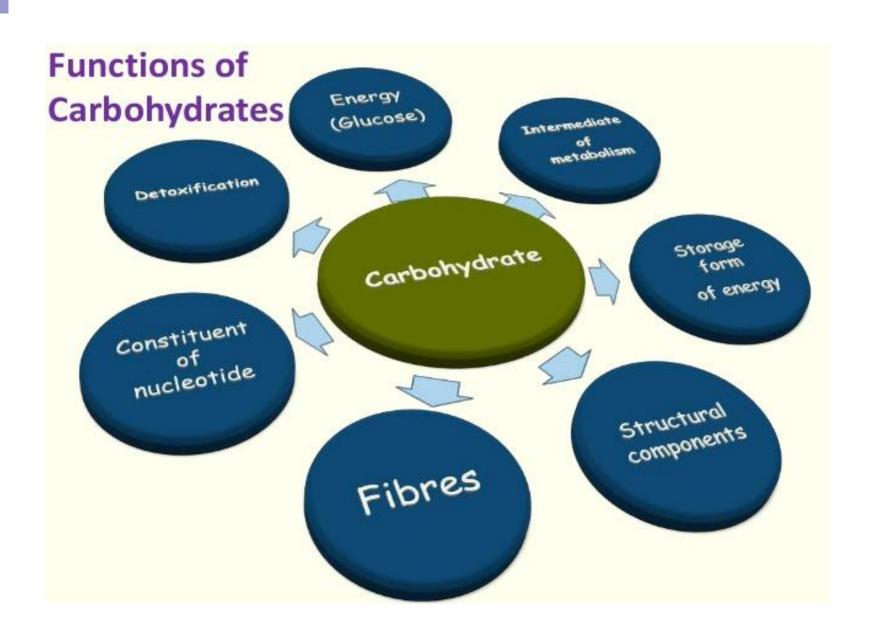
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Examples of Polysaccharides

Name of the Polysac charide	Composition	Occurrence	Functions
Starch	Polymer of glucose containing a straight chain of glucose molecules (amylose) and a branched chain of glucose molecules (amylopectin)	In several plant species as main storage carbohydrate	storage of reserve food
Glycogen	Polymer of glucose	Animals (equivalent of starch)	Storage of reserve food
Insulin	Polymer of fructose	In roots and tubers (like Dahlia)	Storage of reserve food
Cellulose	Polymer of glucose	Plant cell wall	Cell wall matrix
Pectin	Polymer of galactose and its derivatives	Plant cell wall	Cell wall matrix



Name of the Polysacchari de	Composition	Occurrence	Functions
Murein	Polysaccharide cross linked with amino acids	Cell wall of prokaryotic cells	Structural protection
Hyaluronic acid	Polymer of sugar acids	Connective tissue matrix, Outer coat of mammalian eggs	Ground substance, protection
Chrondroitin sulphate	Polymer of sugar acids	Connective tissue matrix	Ground substance
Heparin	Closely related to chrondroitin	Connective tissue cells	Anticoagulant
Gums and mucilages	Polymers of sugars and sugar acids	Gums - bark or trees. Mucilages - flower	Retain water in dry seasons
Chitin	Polymer of glucose	Bodywall of arthropods. In some fungi also	Exoskeleton Impermeable to water



CARBOHYDRATE DIGESTION

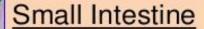
Buccal cavity

Salivary amylase

Starch _____ Maltose

Stomach

No carbohydrate digestion



Starch P. amylase Maltose

Maltose Maltase 2 Glucose

Lactose __Lactase → Glucose +

Galactose

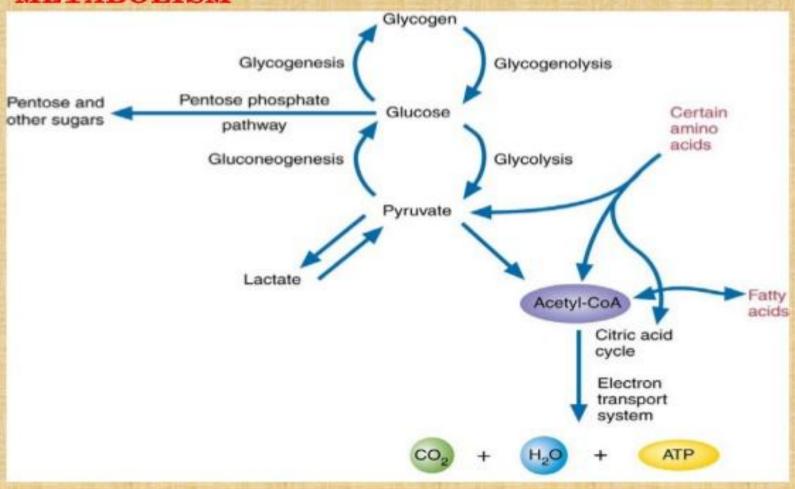
Sucrose Sucrase Glucose +

Fructose

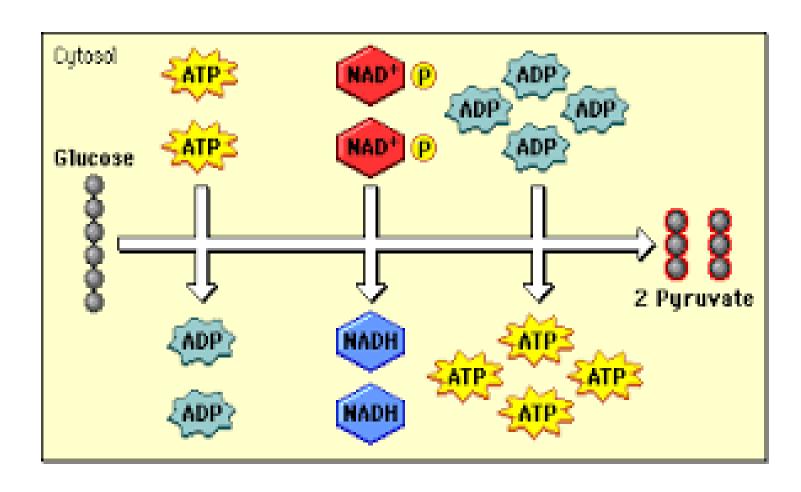
How much fiber do you need?

	Age 50 or younger	Age 51 or older
Men	38 grams	30 grams
Women	25 grams	21 grams

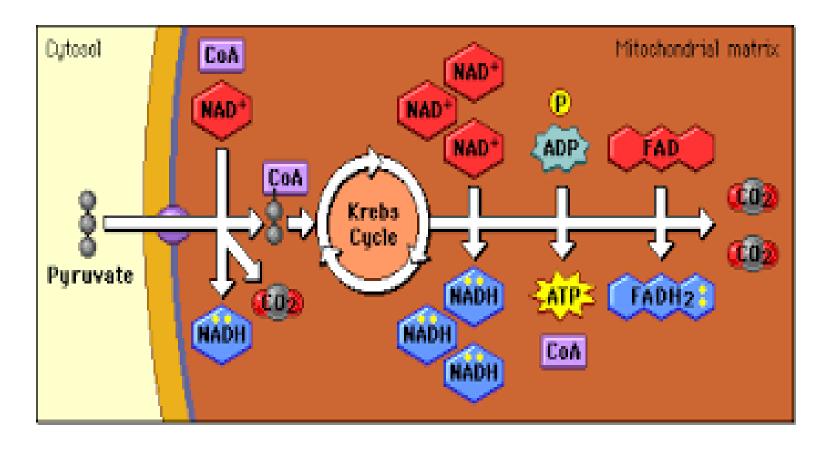
MAJOR PATHWAYS OF CARBOHYDRATE METABOLISM



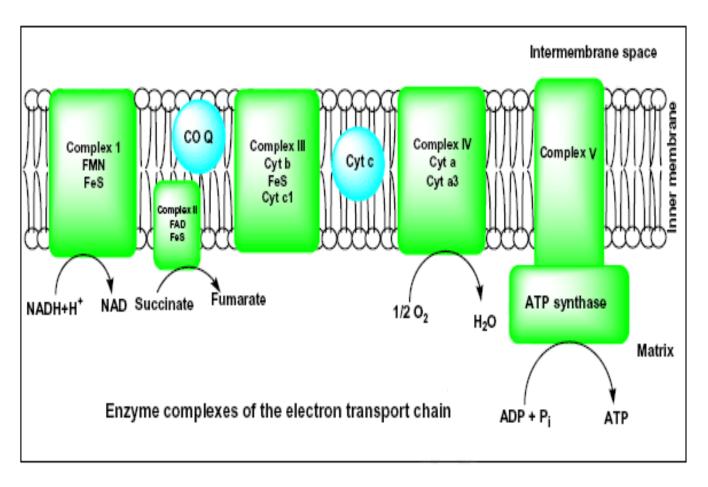
1. Glycolysis



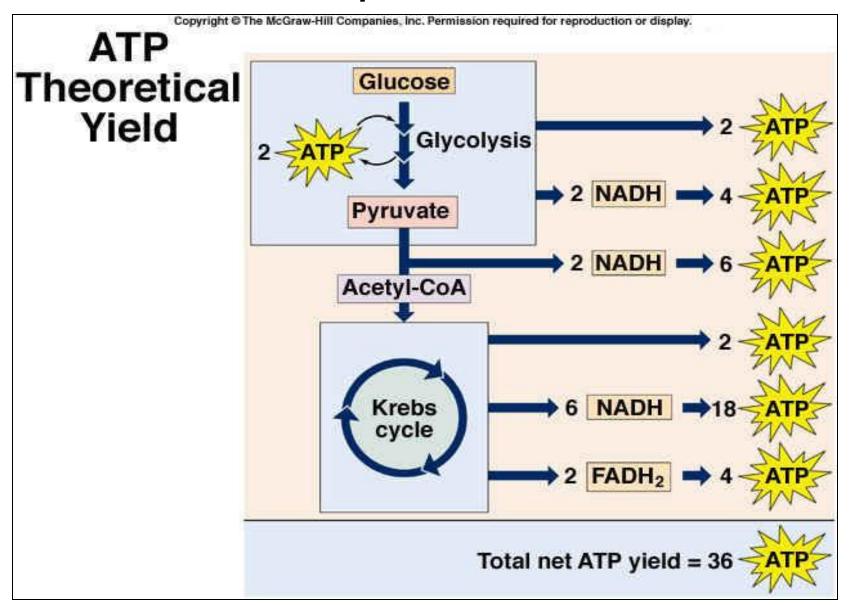
2. Kreb's cycle/ TCA Cycle/ Citric Acid Cycle



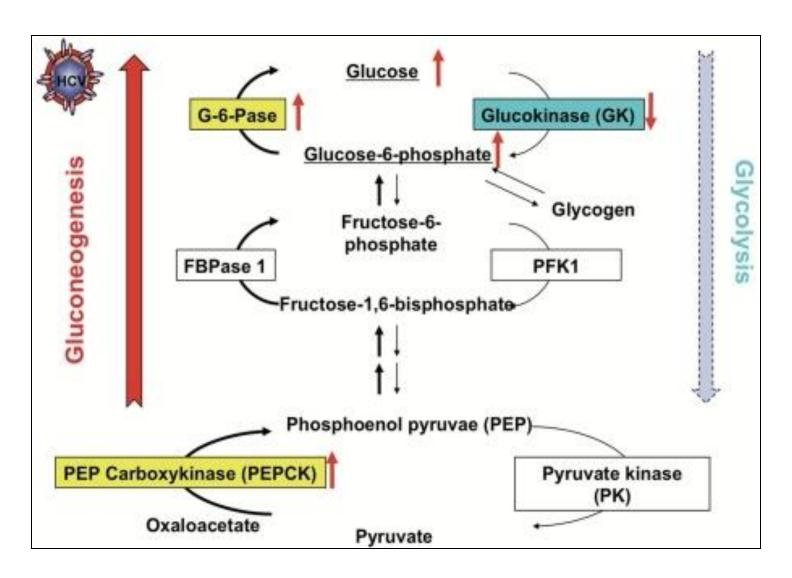
3. Electron Transport Chain (ETC)



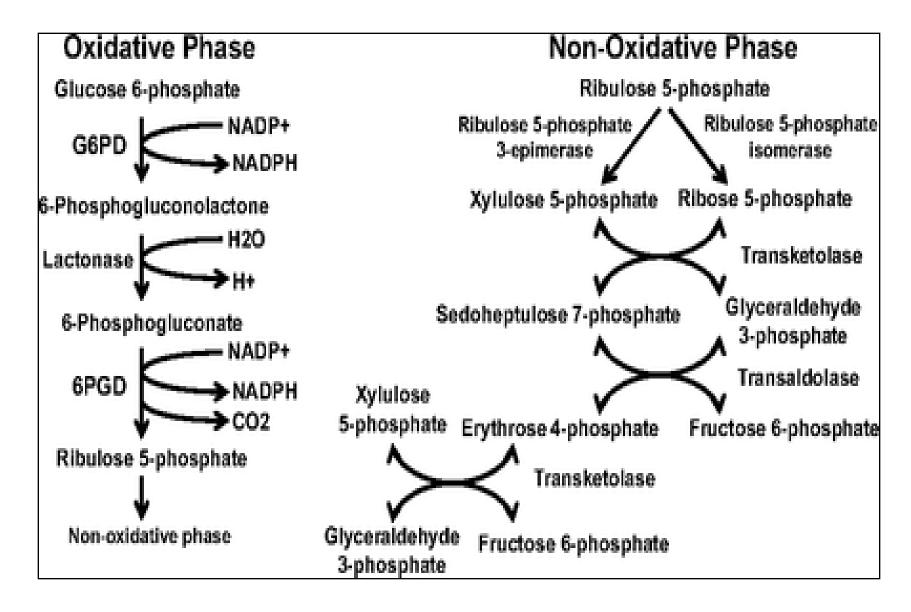
ATP Yield in Aerobic Respiration:



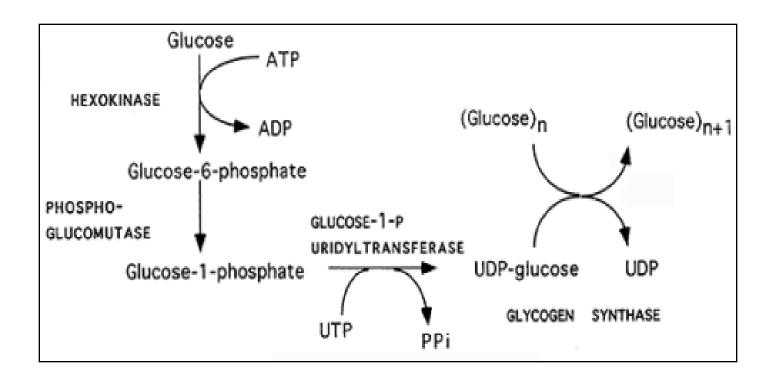
4. Gluconeogenesis



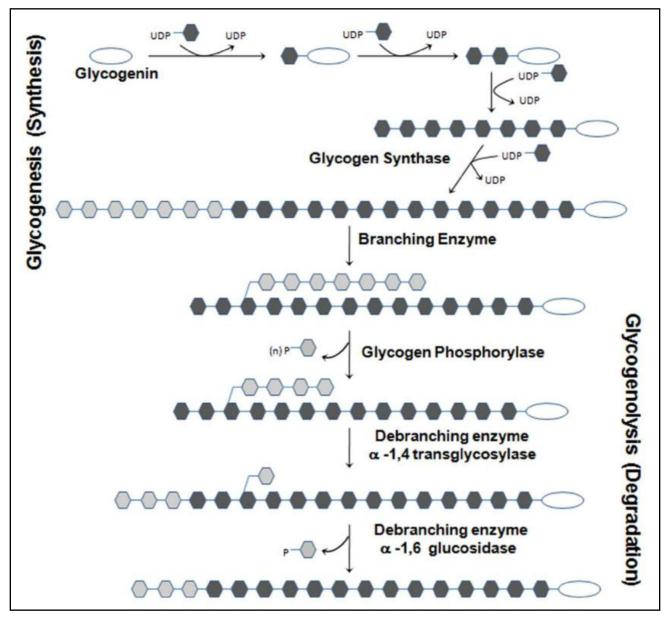
5. Pentose Phosphate Pathway



6. Glycogenesis & Glycogenolysis

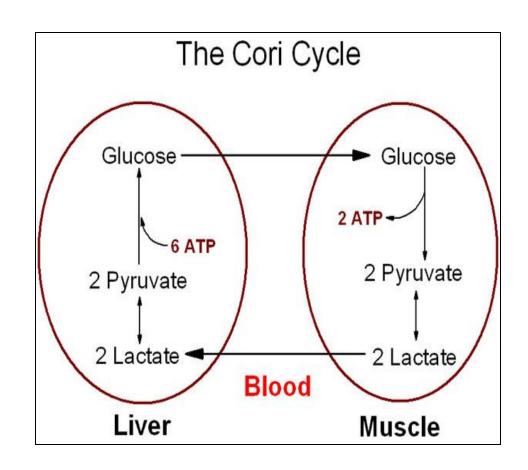


6. Glycogenesis & Glycogenolysis



1

Cori cycle: A metabolic pathway in which lactate produced by anaerobic glycolysis in the muscles moves to the liver and is converted to glucose, which then returns to the muscles and is metabolized

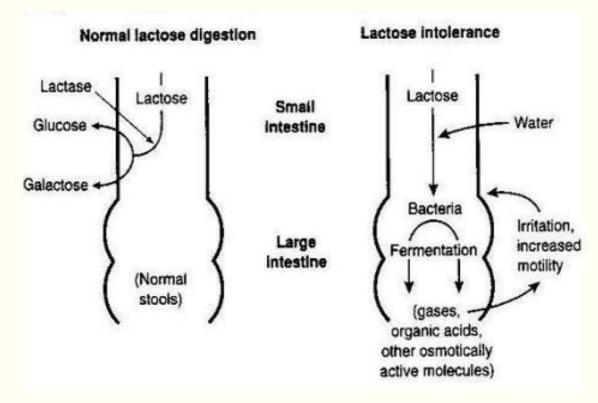


Disorders of Carbohydrate Metabolism

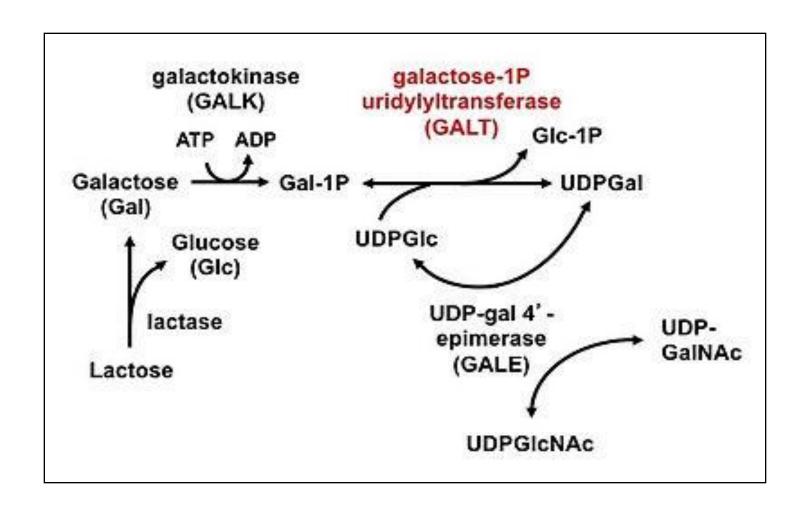
- Lactose Intolerance
- •Galactosemia
- Fructose Intolerance
- •Glycogen Storage Disease
- Diabetes Mellitus
- Hypoglycemia

Lactose Intolerance

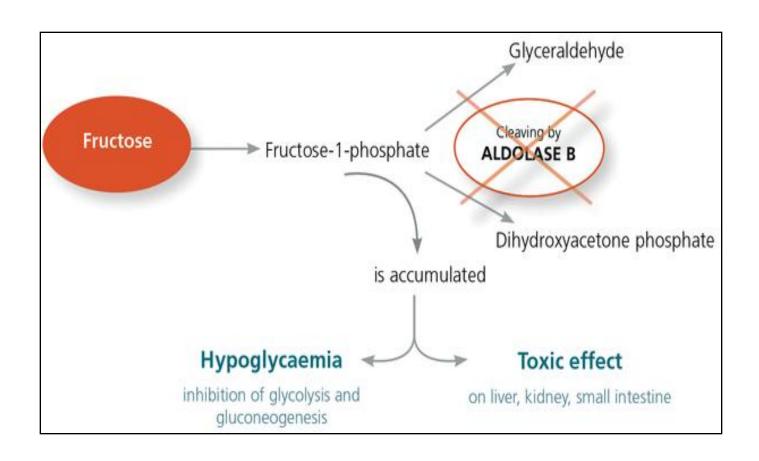
Deficiency of the enzyme lactase



Galactosemia



Fructose Intolerance

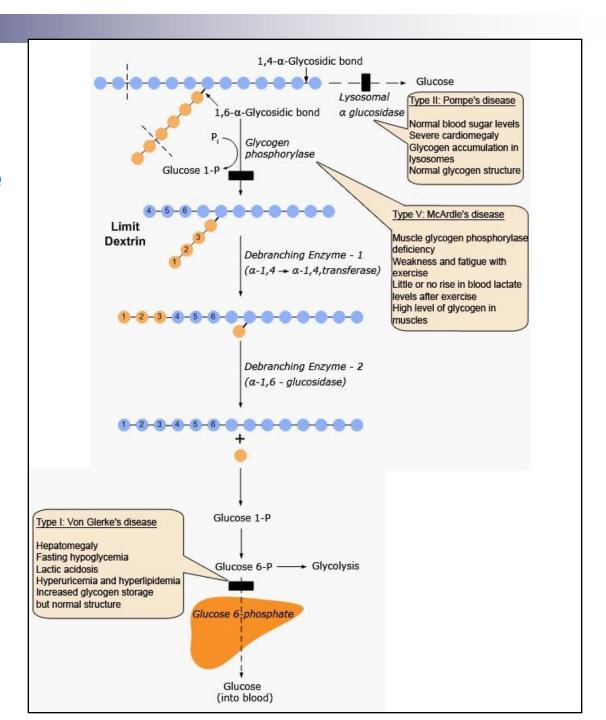


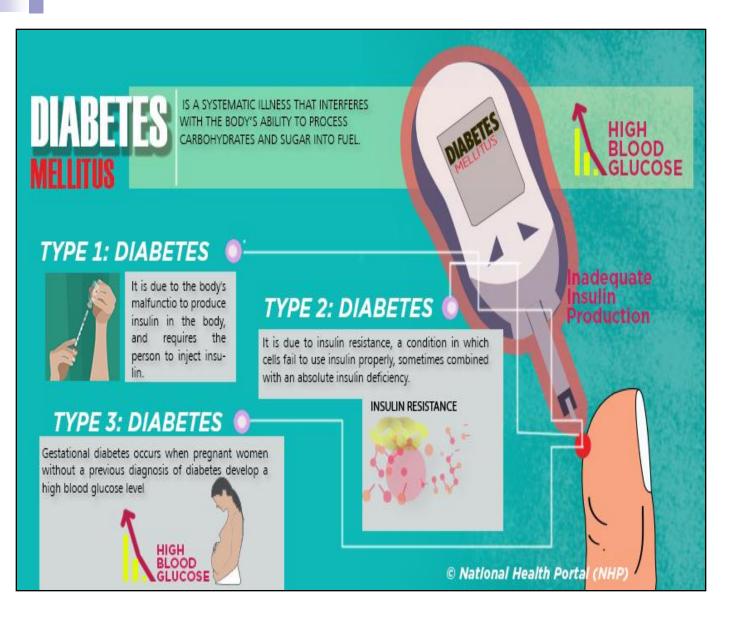
Glycogen Storage Disease (GSD)

- Also known as Glycogenosis or Dextrinosis
- •Is the result of defects in the processing of **glycogen** breakdown or synthesis within muscles, liver, and other cell types.
- •GSD has two classes of cause: genetic and acquired.

TYPE	ENZYME DEFECT	CLINICAL FEATURES
Type I (Von Gierke's disease)	Glucose-6- phosphatase deficiency.	Hypoglycemia, enlarged liver and kidneys, gastro-intestinal symptoms, Nose bleed, short stature, gout
Type II (Pompe's disease)	Acid maltase deficiency	Diminished muscle tone, heart failure, enlarged tongue
Type III (Cori's disease,Forbe disease)	Debranching enzyme deficiency	Hypoglycemia, enlarged liver, cirrhosis, muscle weakness, cardiac involvement
Type IV (Andersen's disease)	Branching enzyme deficiency	Enlarged liver & spleen, cirrhosis, diminished muscle tone, possible nervous system involvement
Type V (Mcardle's disease)	Muscle phosphorylase deficiency	Muscle weakness, fatigue and muscle cramps

Glycogen Storage Disease (GSD)





Effects:

- •Hyperglycemia
- •Glycosuria
- Polyuria
- Polydipsia
- Polyphagia
- •Ketonuria
- •Coma

HYPOGLYCEMIA (Low Blood Glucose Level)

Causes: Too little food or skip a meal; too much Insulin or Diabetes Pills: more active than usual

Onset: Often Sudden; may pass out if untreated





Symptoms 3 3 2



















TREAT

IRRITABLE

What CAN You Do? CHECK





Check! your blood glucose right away. If you can't Check; treat anyway

Treat: By eating 3 to 4 glucose tablets or 3 to 5 hard candies; you can chew quickly (such as peppermints) or by drinking 4 ounces of Fruit Juice; or 1/2 can of regular soda pop

Check your blood glucose level again after 15 minutes. If it still low, treat again. If symptoms don't Stop, call your health care provider.

- Plasma glucose <60mg/dl
- Decreased insulin & increased glucagon secretion
- May occur due to **Insulinoma** (β cell tumor of pancreas)

Regulation of blood sugar by Insulin & Glucagon

